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PTO/SB/31 (09-04)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) GEMS8081.294						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 [37 CFR 1.8(a)] on <u>October 6, 2005</u></p> <p>Signature <u>Jessica A. Calaway</u></p> <p>Typed or printed name <u>Jessica A. Calaway</u></p>								
<p>In re Application of DEBBINS</p> <table border="1"> <tr> <td>Application Number 09/839,055</td> <td>Filed 4/20/2001</td> </tr> <tr> <td colspan="2">For GRAPHIC APPLICATION DEVELOPMENT SYSTEM FOR A MEDICAL IMAGING SYSTEM</td> </tr> <tr> <td>Art Unit 2191</td> <td>Examiner Mary J. STEELMAN</td> </tr> </table>			Application Number 09/839,055	Filed 4/20/2001	For GRAPHIC APPLICATION DEVELOPMENT SYSTEM FOR A MEDICAL IMAGING SYSTEM		Art Unit 2191	Examiner Mary J. STEELMAN
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<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>_____</u></p>								
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<p>I am the</p>								
<p><input type="checkbox"/> applicant/inventor.</p>								
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>								
<p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>38388</u> (262) 376-5170 Telephone number _____</p>								
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ Date <u>10/6/05</u></p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>								
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								

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